

TOWN OF SOUTH BETHANY Mercantile License Application **PRO-RATED**

Nov 1, 2020 to April 30, 2021

PLEASE PROVIDE: (1) State of Delaware Business License (2) Liability Insurance Form	
Business Name:	
Business Address:	
Contact's Name:	EIN:
Business Phone:	Cell Phone:
Email:	
	N: You must also complete a BUILDING PERMIT APPLICATION. Ide Enforcer for any additional documents required, approval and building
FULL DESCRIPTION	N OF THE NATURE OF THE ACTIVITY OF BUSINESS APPLICANT:
List if applying chemic	als, herbicides, pesticides or other hazardous materials.
activity involves the contraversing or utilizing an owner. I certify that I wby myself, any of my enany employees or agent permitting, display of peright-of-way. I also certappropriate regulations.	rovisions of the Town of South Bethany Code §Charter 84-1. I certify that if my licensed struction of a building or facility on any property within the town limits, I will refrain from y adjacent or neighboring property unless I obtain written permission from such property ill be financially liable to such property owner for any damage committed to their property apployees or agents, or any independent contractors. I further agree that I will assure that and independent contractors are made aware of the appropriate regulations, including ermit and times allowed for construction. I will also be responsible for damage to public ify that I will place adequate trash containers on the property and will comply with all If my license activity involves the use of herbicides, pesticides, or other hazardous upper and quantities above in the Description of Service.
Signature of Owner	/Authorized Agent Date Construction is allowed Monday — Saturday, 8am-6pm Construction on Saturdays or Holidays from May 15 th — Sept 15 th NEVER Construction on Sundays
	OFFICE USE ONLY
PRO-RATED FEE \$8	Make check payable to: Town of South Bethany Check # credit card